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00826 7590 09/30/2004

ALSTON & BIRD LLP
BANK OF AMERICA PLAZA
101 SOUTH TRYON STREET, SUITE 4000
CHARLOTTE, NC 28280-4000

12/27/2004 LWDIM2 00000037 09934065

01 FC:1501 1400.00 CP
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Nora C. Martinez

(Depositor's name)

Nora C. Martinez

(Signature)

December 20, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/934,066	08/21/2001	Darren B. Gruis	35718/237251(5718-134)	7358

TITLE OF INVENTION: METHODS OF INCREASING POLYPEPTIDE ACCUMULATION IN PLANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	1400 \$1200	\$300	1700 \$1630	12/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BAUM, STUART F	1638	800-298000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Alston & Bird LLP**

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pioneer Hi-Bred International, Inc.**Johnston, IA**Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies **10 (\$30.00)**

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **16-0605** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Kathryn L. Coulter

Date

12/20/04

Typed or printed name

Kathryn L. Coulter

Registration No.

45,889

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